DOCUMENT RESUME

ED 444 909 SO 031 861

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TITLE The Elderly and Social Change in Contemporary India: Governmental Response to the Needs of Elderly Population in India.
PUB DATE 2000-00-00
NOTE 26p.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Cultural Context; Data Interpretation; Developing Nations; Foreign Countries; *Government Role; *Needs Assessment; Nongovernmental Organizations; *Older Adults; Research Projects; *Social Change; Social Science Research
IDENTIFIERS *India; Responsiveness (Government)

ABSTRACT

The Indian people are living longer, more women are working, and the country's one billion inhabitants are becoming more industrial and urban. This research paper analyzes the impact of social changes in India upon its elderly population. The paper's specific objectives are to identify some major social changes in India as described by various sociological studies; examine the impact of these social changes upon the elderly population; identify the specific social problems of the elderly in India; document the programs that governmental and non-governmental agencies in India are implementing to serve older adults' needs; assess the effectiveness of these programs based on evaluative studies by Indian researchers; and suggest major public policy changes needed to ensure quality of life for the Indian elderly. The paper discusses the Indian elderly in historical perspective (based upon library research) and develops a needs assessment of the contemporary Indian elderly population. The following conclusions may be derived: (1) there is a large body of research about the Indian elderly, mostly conducted and published in India; (2) social changes in India have adversely impacted the status of the Indian elderly; (3) announcement of a public policy for the Indian elderly in 1999 is a good beginning; (4) more multi-disciplinary research is needed about the Indian elderly; and (5) some international non-governmental organizations operating in India that derive their financial resources from foreign donors are becoming involved in delivering services to the Indian elderly. In addition, public education about the needs of the elderly population is necessary. Contains 3 tables of data and an 81-item bibliography. (BT)

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# THE ELDERLY AND SOCIAL CHANGE IN CONTEMPORARY INDIA: GOVERNMENTAL RESPONSE TO THE NEEDS OF ELDERLY POPLULATION IN INDIA

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Sociology 621

Spring Semester 2000

A Research Paper

SO 031 861

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## I

## INTRODUCTION: SOCIAL CHANGES IN INDIA

India has become a nation of almost one billion people by the end of 20th Century. Its predominant agricultural economy is changing to the growth of industrialization. Its rural society is changing toward urbanization. The quality of health care system in India is also changing. The Indian people are living longer. Indian women are giving up their homemaker role by entering the workplace. Modern entertainment technology has entered India with television dominating the Indian Social S?? (Page 2, 3rd line from bottom). All these social changes have greatly impacted India's elderly sub-populated.

The general purpose of this research paper is to analyze the impact of these social changes in India upon the elderly population of the country.

## II

## RESEARCH QUESTIONS

The following are the specific objectives of this research.

1. To identify some major social changes in contemporary India as described by the various sociological studies.
2. To examine the impact of these social changes upon the elderly population
3. To identify the specific social problems of the elderly in India.
4. To document the programs that the governmental and non-governmental agencies in India are implementing to serve the needs of the Indian elderly.
5. To assess the effectiveness of these programs based on evaluative research studies by Indian researchers.

6. To suggest major public policy changes that are needed in India to ensure quality of life for the Indian Elderly.

## III

## DATA SOURCES

This research paper is based upon library research. Considering the limitation of ISU library holdings about "Indian Elderly", inter-library loan system was used to obtain scholarly articles, books and public documents on the subject form University of Chicago, University of Michigan, University of Illinois and other major research centers with documentary holdings on South Asian countries. Several of these studies of demographic nature were conducted by the governmental agencies in India. Independent researchers associated with Indian universities have also produced research documents about the Indian elderly population. A few specially established research institutes have also been established in India to conduct studies on aging related social problems. The university inter-library loan system was helpful in accessing these documents for analytical information about the Indian elderly population. All these sources have been listed in the bibliography of this paper.

## IV

## THE INDIAN ELDERLY IN HISTORICAL PERSPECTIVE

In traditional Indian society the elderly men and women enjoyed high social status (Pati and Jena 1989). They continued to live in their extended family homes where three generations lived under a single roof. It was particularly the case in rural India where agriculture was the primary occupation of most people. Everyone in the family worked on the land. In general, most elderly people in India did not leave their family homes. They were cared for in sickness by the family members. Even the dying elderly were comforted by their family and rarely died in

hospitals, which were virtually non-existent in rural India. On the whole, the elderly in the household enjoyed high social status.

Certain social changes in India have taken place since 1947. Prof. M. G. Husain and his associates (Husain 1997) have distinctly documented these following eight social changes below that have impacted that Indian elderly.

1. Demographic Transition
2. Decline of Indian Joint Family System
3. Urbanization of Rural India
4. Increasing Employment of Women in Workplace
5. Emigration of Young Indians
6. Commercialization of Entertainment
7. Increasing cost of Elder Care
8. Rise in the Number of Destitute Elderly

*INDIAN DEMOGRAPHIC CHANGE*

First change relates to Indian demographics showed in Table 1. It suggests free fold increase in the number of elderly between 1951 to year 2000. It indicates that in terms of actual number, the elderly are a big group. It is projected that in year 2000, there are more than 75 million elderly people in India.

Table 1

## POPULATION OF PERSONS IN GOT AGE GROUP IN INDIA

| *Census Data* | *No. of Persons (Millions)* | *Got as Percentage of Total National Population* |
|---|---|---|
| **1951** | 20,190 | 5.66% |
| **1961** | 24,712 | 5.63% |
| **1971** | 32,700 | 5.97% |
| **1981** | 43,171 | 6% |
| **1991** | 54,685 | 11% |
| **2000** | 75,696 | 21% |

Source: M. G. Husain, Changing Indian Society and the Aged. New Delhi: Manak, 1997. p 47.

Indian Social researchers have explained the various reasons for this massive increase in the number of elderly population in contemporary India. The health care system in India has improved with increase in hospitals, clinics, doctors and high quality medicines. Also, people are more heath conscious and are leading a healthier lifestyle. Certain epidemic diseases, like Malaria and Cholera, have been controlled in India due to better public health system. This increase in number of elderly in Indian population poses a major problem. Who will take care of the elderly people? How India will find caregivers for so many people?

*DECLINE OF THE INDIAN JOINT FAMILY SYSTEM:*

The system of joint family in India has declined. The grown up children are moving out of their traditional homes with their young wives. Thus, only the elderly people are left behind in rural homes. Increase in per capita income for the young couple makes it possible for them to have a home of their own in urban settings. These urban homes do not have room for a large family. Elderly parents are left behind in their village homes.

Joint family system took care of the elderly in the past. The wives of the sons stayed home and did all household chores. They also took care of the elderly at home. Now with the decline of the joint family, there is nobody at home to take are of the needs of the elderly people.

Indian sociologist Prof. Gangrade (1996) has studied the change in Indian family structure. He observes that due to industrialization, urbanization and education, Indian young people are neglecting "parental responsibilities" in favor of careerism. He has compared the changes from "traditional Indian values" to "modern social values" as below. These value changes are impacting elderly care in India.

Table 2

## CHANGING VALUE SYSTEM OF INDIA

| TRADITIONAL VALUES | MODERN VALUES |
|---|---|
| 1. Family solidarity | 1. Individualism |
| 2. Attachment to community | 2. Migration |
| 3. Regard for older people | 3. Less regard for older people |
| 4. Caste-based occupations | 4. Cast irrelevant in occupations |
| 5. Prohibition of eating with lower caste | 5. Less rigid dining rules |
| 6. Social hierarchy in caste | 6. Rejection of cased based hierarchy |

Source: M. G. Husain, Changing Indian Society and the Aged. New Delhi: Manak, 1997. p 47.

*INCREASED EMPLOYMENT OF WOMEN*

More and more Indian women are entering the workplace on a full time basis. In particular, the young college educated women do not want to stay in homes. They want to have a profession and earn money. In the past, Indian women did not work outside their homes. They tended to take care of the elderly at home. Now the women are going into the workplace, who will take care of the elderly at home?

*EMIGRATION OF INDIANS*

India has a large number of educated people in Science, Engineering, Technology, Computers and such other fields. The salary level for such jobs with India is very limited. So, there is massive immigration of Indian professionals to western countries like UK, USA and the Middle East. These Indians are very wealthy compared to the people in India. Most of them leave their old parents behind in India. So, the question is who is going to take care of the elder parents of these emigrant Indians?

*COMMERCIALIZATION OF FAMILY ENTERTAINMENT*

In the past, old parents took care of the small children in the family. They also told them stories, which the children listened with great interest. Often they organized games and plays for the children too. In contemporary Indian family, entertainment has been highly commercialized. Television has entered the Indian homes with mostly American TV programs. Young children rather enjoy these than listen to the stories of Grandma and Grandpa. The Elderly have been deprived of their social roles of entertaining the small children. Thus these elderly are less needed by the modern families with TV/VCR.

*INCREASING COST OF ELDERCARE*

Taking care of the elderly parents has become expensive in India. It is particularly so in the urban areas. Modern healthcare has become expensive. So, many young Indians feel the burden of elder care. Most Indian elderly do not have any pension or retirement income. Thus, they have to depend upon their children for financial support. So, the question is how will the elderly be supported in their old age.

*RISE IN THE NUMBER OF DESTITUTE ELDERLY*

Some elderly in India do not have any children. They do not have any one to take care of them in old age. Even if some of these have high income, they can not take care of themselves. They need some sort of caregiver. Who will provide care to this increasing number of destitute elderly.

## V

## RESEARCH ON THE INDIAN ELDERLY

*DEMOGRAPHY*

In the last 30 years or so, social researchers in India have produced a large body of scientific literature about the Indian elderly. Most of these are published in India. Western social scientist have limited research interest about the elderly in India. Some Indian researchers living in the western countries are studying the problems of Indian elderly. One such researcher is Prof. Kumudini Dandekar of Ann Harbor (Dandekar 1996). In this section of the paper an attempt will be made to analyze published research about the Indian elderly from different Indian research documents.

Indian Statistical Institute of Calcutta has done extensive demographic research about the increase in size of the elderly population in India. The Indian census data also provides

extensive data on the Indian elderly. While waiting for the outcome of the Indian census of 2001, we many conclude from the demographic trend that the Indian elderly population constitutes of more than 7.7% of the general population of India, which is expected to reach one billion. So, India may have about 76 million people who are in the 60+ age category (Dandekar, 1996).

*SPATIAL LOCATION OF THE ELDERLY*

India does not have many nursing homes or old people's homes. So, most of the Indian elderly are living in their homes. In some cases, the Indian elderly live in their village homes and take care of themselves. Some urban communities have expensive old people's homes, which are very expensive. Some affluent Indians living overseas have placed their parents in these types of homes. But by Indian standard, these homes are very expensive. They do provide high quality services to the residents. Some researchers have studies these sub-populations of elderly living in these homes. In general, these types of elderly residents are satisfied with the quality of service in the homes, but they feel that their affluent children have abandoned them in India while living in America.

Also, Prof. Umesh Kumar Singh (1996) studied a sample of 100 old persons living in a home for the elderly in South India. He concluded that virtually entire sample did not like the quality of life in old age homes. These old people's home residents wanted closer interaction with their family members and particularly with their grand children. So, it appears the first choice of the Indian elderly for their housing is home and not a nursing homes or old people's home.

Daniel Lak of BBC did a report on the conditions of elderly Indian in a Metropolitan Delhi home for the elderly people (1999). According to this report, there were only about 500 old

people's homes in Delhi area. Most of the residents in these homes were elderly who had relatives in the USA. These affluent relatives sent a lot more money regularly to their elderly parents living in these homes, but the elderly parents were not happy at all. They felt abandoned in their old age. They have hopes for the return of their children and grandchildren from America.

## VII

## CONTEMPORARY INDIAN ELDERLY POPULATION: NEEDS ASSESSMENT

In this section of the paper, an attempt will be made to summarize the needs of the elderly population in contemporary India. A large body of systematic research about the needs of the elderly population in India has already accumulated. These needs assessment studies by government agencies, volunteer agencies, social science research institutes and individual research may be categorized as follow (Dave, 1992).

*FIRST: NEED FOR A PUBLIC POLICIY EXPRESSING CONCERNS FOR THE ELDERLY*

Many Indian researchers have referred to the Indian constitutional documents of 1950 citing the concerns expressed about the elderly in the Indian constitution, which came in the force on January 26, 1950. Article 41 of the Indian constitution is the directive principles of state policy. In it, is a statement suggesting that the Indian state will make laws for the welfare of people of "Old Age". AM Kurup (1996) stated that this provision in the Indian constitution was not enforceable. As such nothing tangible was done by the government of India for the elderly population from 1950 to 1980's. Some Indian states did pass piece meal legislative measures. Maintenance of the old parents was required by a 1956 law. Social security doles were introduced by some Indian states for the destitute elderly. Prof. Kurup suggests the need for creating a National Policy for the elderly which should be backed by constitutional mandate and

administrative mechanisms (Kurup 1996). In 1999, the International Year of the elderly, the government of India did pass a new national legislation for the elderly people of India. It makes the welfare of the Indian elderly a national goal (Sharma, 1999; Sunderam, 1999). A number of commentaries have been written about this national policy in the Indian newspapers and magazines. It is considered as a step in the right direction.

*SECOND DIRECT FINANCIAL SUPPORT OF INDIVIDUAL ELDERLY*

Unlike the USA, India does not have a national security system. Some Indian states do have old age pensions plans for the destitute elderly people who do not have any relatives to support them. The monthly rates of these old age pensions is about Rs. 100/- (about 3 dolars) for each destitute elderly. In order to get this money, the applicants of the destitude elderly have to be recommended by 3 local government officials (Dandekar 1996). So, the Indian elderly need a system of direct pension to meet their needs.

Table 3

## OLD AGE PENSION PLANS IN INDIA

| *Selected Indian States* | *Minimum Age* | *Rate of Pension* | *Percent Coverage* |
|---|---|---|---|
| Hariyana | 60 | Rs. 100/- | 25% |
| Madhya Pradesh | 60 | Rs. 100/- | 4% |
| Maharastra | 60 | Rs. 100/- | 7 % |
| Nagaland | 60 | Rs. 100/- | 17% |
| Punjab | 60 | Rs. 100/- | 6% |
| Uttar Pradesh | 60 | Rs. 100/- | 1.7% |
| Delhi | 60 | Rs. 100/- | 1.1 % |

Source: Kumudini, Dandekar, The Elderly in India. (New Delhi: Sage 1996).

The states paying less than Rs 100/- have been excluded. The data dates back to 1992.

*THIRD: COMMUNITY HOMES FOR THE ELDERLY*

Most Indian elderly live in their joint family homes and are cared for by their sons and daughters. Urbanization and breaking up of the joint family system is creating problems for the elderly (Bali, 1996). Further, there is a sizable Indian elderly who have no relatives. So, a system of community homes for the Indian elderly is needed. This need is likely to grow. A government/ NGO supported system of community homes for the Indian elderly are needed to

meet the housing needs of the elderly. Some Indian researchers have analyzed the various problems of existing community homes.

*FOURTH: ORIENTATION TRAINING FOR INDIAN HEALTH PROFESSIONALS ABOUT ELDERLY CARE*

Many Indian researchers have suggested general need for the education of Indian health professionals about the specific healthcare needs of the elderly population (Kumar, 1996). Their suggestions included curricular changes in the training of health professionals and continuing education of health professionals via distance education. Thus, these health professionals would have great sensitivity toward meeting the health care needs of their elderly clientele.

*FIFTH: PUBLIC EDUCATION ABOUT OLD AGE NEEDS OF THE ELDERLY POPULATION*

Many Indian researchers have found the need for mass education in India about old age and old people (Reddy, 1996). These researchers suggest attitudinal change among the younger generation about the elderly population.

*SIXTH: SPECIAL NEEDS OF WIDOW AND WOMEN ELDERLY*

A number of studies have been conducted about the Indian widows who are elderly. These researchers have suggested programmable needs for this sub-populations. These women are neglected in the family settings much more than the men who are old widowers. There is general need for creating public awareness about their pliant in joint families and about those who are destitutes and have no supporting relatives (Sen, 1996).

## VIII

## CONCLUSIONS

This research paper is primarily based upon library research without doing an original field study in India bout the Indian elderly population. We may derive a number of conclusions from this paper.

Firstly, it seems there is a large body of published research about the Indian elderly most of these have been conducted and published in India. American students interested in such research will need to access these research documents. Secondly, the social changes in India have adversely impacted the status of the Indian elderly population. It suggests that there is need for specific public policies and programs to help the elderly people in India. Most of the Indian elderly will continue to live at home, but more and more community homes will be needed to house these destitute elderly population of India. Thirdly, the announcement of a public policy for the Indian elderly in 1999 is a good beginning. This new public policy by the government of India shows the national importance of the elderly, but now it should be followed up by specific programs including housing, elderly care, geriatric health care, mass education about elderly, training of health care professionals, reasonable financial support for individual elderly and other measures. Fourthly, more multi-disciplinary research is needed for the Indian elderly population. Then the policy makers will have more knowledge about the conditions of the elderly in India and the effectiveness of public and private programs that are being designed to give the elderly population in India. Finally, it appears that some international non-governmental organizations operating in India that derive their financial resources from foreign donors are slowing being involved in delivering services to the Indian elderly. These services include health care provisions, recreational programs and nutrition education. When these NGO operated elderly

programs are considered as effective more governmental agencies, India will develop more comprehensive programs to serve the Indian elderly. With more than 75 million elderly people in India, these government agencies will respond to meet their multifarious needs. The Indian social security will conduct future research about the needs of the elderly and the effectiveness of the wide range of programs designed to save their needs.

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